

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME Johnston		b. Date Submitted 3/19/09
c. Name of Proposed LME Alternative Service Peer Support Center – YA348		
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09		
e. Submitted by LME Staff (Name & Title) Janis Nutt, PhD, Area Director	f. E-Mail Janis.nutt@johnstonnc.com	g. Phone No. 919-989-5500

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds***.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

<p align="center">Requirements for Proposed LME Alternative Service</p> <p align="center"><i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i></p>	
<p align="center">Complete items 1 through 28, as appropriate, for all requests.</p>	
1	<p>Alternative Service Name, Service Definition and Required Components</p> <p>Peer Support Center</p> <p>A Peer Support Center offers a central location for adult consumers with severe/serious mental illness or co-occurring disorders to access self-help skills, advocacy, education, and socialization. Consumer operated peer support centers develop their own programs to supplement existing mental health services and support services. Center staff members promote the involvement of consumers in their own treatment and recovery and assist consumers in acquiring the necessary skills for the utilization of resources within the community. Major components of a peer support center include:</p> <ul style="list-style-type: none"> • Providing opportunities for socialization to reduce social isolation felt by many adults with mental illness or co-occurring disorders. • Providing educational opportunities to assist consumers in directing their own recovery process. • Providing emotional support. <p>Programs and activities around these components follow the Illness Management & Recovery, a SAMHSA-approved, evidence-based practice. An example of an illness management and recovery tool that is being implemented by many peer support centers is the “Wellness Recovery Action Plan” (WRAP), which was created by Mary Ellen Copeland to assist consumers in managing, reducing and eliminating psychiatric symptoms.</p>
2	<p>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</p> <ul style="list-style-type: none"> • <i>Consumer special services need(s) outside of current service array</i> • <i>Special service delivery issues</i> <p>Johnston County Mental Health Center is very committed to building and enhancing systems of care for all populations. For adult consumers with mental illness or co-occurring disorders, peer support centers represent an essential part of a continuum of care that promotes long term wellness and recovery. Studies indicate that peer support centers provide a supportive social environment and, through activities, education and fellowship, help increase engagement in productive activities, and decrease substance use and hospitalizations. National consumer experts have found that peer support centers help consumers find meaningful relationships and peer support, solve problems of daily living, advocate for access to needed services, and improve quality of life. Given the consistent findings of decreased hospitalization or shortened length of hospital stay for consumers who participate in peer support centers, as well as peer providers themselves, there is a translation of financial savings to the system as hospitalization is one of the most expensive of mental health services.</p> <p>Peer support centers provide a non-discriminatory atmosphere in which consumers develop Rehabilitative and recovery skills needed to enable full reintegration into community activities and successful independent living. These centers also reduce reliance upon more costly professional services and programs. Peer Support Centers also offer evening and weekend hours to consumers.</p>
3	<p>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</p>

	Peer support centers provide a set of services and supports to consumers that are uniquely different from traditional professional services and thereby enhance the long term recovery process for consumers. Even in conjunction with needed professional services, peer support centers promote skills, knowledge, and confidence to consumers that have been shown to reduce social isolation, improve self-concept, increase independence, increase ability to ask for help, reduce likelihood of hospitalization, and increase control over one's life.
4	Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one) <input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion)
5	Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service: 50
6	Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service: \$70,000
7	Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply) <u>Assessment Only:</u> <input type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO <u>Crisis Services:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS <u>Child MH:</u> <input type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD <u>Adult MH:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> AMSPM <input type="checkbox"/> AMSMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE <u>Child DD:</u> <input type="checkbox"/> CDSN <u>Adult DD:</u> <input type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI <u>Child SA:</u> <input type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP <u>Adult SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASHMT <input type="checkbox"/> ASWOM <input type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input type="checkbox"/> ASTER <u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input checked="" type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input checked="" type="checkbox"/> ADCEP <input checked="" type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP <u>Non-Client:</u> <input type="checkbox"/> CDF
8	Definition of Reimbursable Unit of Service: (Check one) <input type="checkbox"/> Service Event <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Other: Explain _____
9	Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service <i>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</i> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">\$1.90</div>
10	Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service Medicaid Rate for similar service (Community Support Group Paraprofessional).

11	Provider Organization Requirements At least 3 staff persons, all of whom are Certified Peer Support Specialists, supplemented by qualified volunteers. An accessible location/building that serves at the Peer Support Center facility.
12	Staffing Requirements by Age/Disability <i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i> Certified Peer Support Specialist, with a history of Mental Health and/or Substance Abuse problems or a family member of someone with these problems. Peer Support Specialists with a history of mental health and/or substance abuse problems must be in active recovery with another program other than the Peer Support Center, and have at least two years of abstinence and without psychiatric hospitalizations, Staff and volunteers must have a high school education or GED. Qualified volunteers with a history of Mental Health and/or Substance Abuse problems or a family member of someone with these problems. Volunteers must have training in Recovery and at least two years post psychiatric hospitalization and/or two years of abstinence.
13	Program and Staff Supervision Requirements All staff and volunteers are under supervision of a Certified Peer Support Specialist.
14	Requisite Staff Training <ul style="list-style-type: none"> • Wellness training such as WRAP • Recovery Training • Ethics • HIPAA/Confidentiality • CPR
15	Service Type/Setting This service is provided primarily in a non-clinic drop-in center setting or in the community.
16	Program Requirements It is recommended: <ul style="list-style-type: none"> • to not exceed 7 consumers per staff ratio • to not exceed 10 participants for group size • to allow consumers to choose frequency of contact
17	Entrance Criteria <p>A. Consumer is at least 18 years of age AND B. Consumer requests or accepts support for recovery in managing mental health and/or substance abuse problems.</p>
18	Entrance Process Participants may be referred by a service provider, other community agency, family member, or may hear about the peer support center through members of the community, flyers, or other publications. Participants contact the center, and complete a registration form which provides basic contact information. This service may be included in a Person Centered Plan, but is also available to persons who are not in formal treatment who initiate and determine frequency of contact.
19	Continued Stay Criteria A. Consumer still desires support in their recovery.
20	Discharge Criteria <p>A. Consumer no longer wishes to participate. OR B. Consumer violates facility rules and the director deems it necessary suspend the consumer from the peer support center. The director should review all recommendations for suspension, and the center should offer an appeal's process.</p>

21	Evaluation of Consumer Outcomes and Perception of Care <ul style="list-style-type: none"> • MH/SA Consumer (Satisfaction) Surveys • Evaluation of functional outcomes in the consumer's person centered plan (if applicable) • Decreased hospitalizations (frequency and length) • Increased compliance with treatment • Employment
22	Service Documentation Requirements <ul style="list-style-type: none"> • <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "No", please explain.</i> This service is offered to all interested persons who may or may not have an open Mental Health Record with a treatment provider.</p> <p>The provider (peer support center) keeps a daily record of persons attending the program and the range of activities offered.</p>
23	Service Exclusions None
24	Service Limitations None
25	Evidence-Based Support and Cost Efficiency of Proposed Alternative Service See Section 2. <ul style="list-style-type: none"> • <i>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</i>
26	LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service <ul style="list-style-type: none"> • Review staff records for compliance with Certification of Peer Support Specialists • Consumer Surveys/interviews
27	LME Additional Explanatory Detail (as needed)